

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Birth should preferably be made
person who made the original

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. *

Place of Birth

County

No.

St.

CHILD	Twin	} and {	Number* in order of birth
	Triplet or other?		
BIRTH	March 30th	1923	
	(Month)	(Day)	(Year)
FATHER	Simon Madrid		
MOTHER	Francisca Munoz		

I HEREBY CERTIFY that the child described herein has
been named

Pedro Madrid

(Give name in full)

(Surname)

Francisca Madrid

(Parent's Signature)

(Signature of Physician or Midwife)

Items to be entered by the local registrar before giving out this form.
Supplemental reports of birth may be obtained from the local registrar.

743-330-649